

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	SHANE K. HOPKINS		COURT CASE NUMBER	05-870SLR
DEFENDANT	JO T. PUSEY ETAL		TYPE OF PROCESS	1983 And 1001 (331034)
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	CARL HANBER ATTNY GEN. of DE			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	820 N. French St. Wth. H. Wilson, DE 19801			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
<div style="border: 1px solid black; padding: 5px;"> SHANE K. HOPKINS #00253918 SHH 17A14 1181 FALLOCK RD SMYRNA, DE 19977- </div>			Number of parties to be served in this case	8
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Can be found 8-4 Mon-Fri (Travel) State
Office Bldg. 11th floor.

2006 APR 28 AM 9:53
U.S. DISTRICT COURT
DISTRICT OF DELAWARE
FILED
RECEIVED

Signature of Attorney or other Originator requesting service on behalf of:

X Shane Hopkins

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

INCAR.

DATE

3-27-06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BF	Date 4-4-06
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

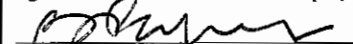
Malcolm Lobin, Chief

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service	Time
4-27-06	11:20 am

Signature of U.S. Marshal or Deputy



Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: